

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

<b>UNITED STATES OF AMERICA</b>	:	<b>CRIMINAL NO. 05-613</b>
	:	
<b>v.</b>	:	<b>DATE FILED: October 25, 2005</b>
	:	
<b>DEBORAH MORRIS</b>	:	<b>VIOLATIONS:</b>
	:	<b>18 U.S.C. § 1347 (health care fraud – 34</b>
	:	<b>counts)</b>
	:	<b>18 U.S.C. § 1341 (mail fraud – 14 counts)</b>
	:	<b>18 U.S.C. § 1035 (false statement – 1 count)</b>

**INDICTMENT**

**COUNTS ONE THROUGH TWENTY-SEVEN**

**THE GRAND JURY CHARGES THAT:**

At all times relevant to this indictment:

**THE DEFENDANT AND HER COMPANY**

1. Defendant DEBORAH MORRIS was the founder and operator of D.N. Morris & Associates, Inc. (“DNMA”), an outpatient mental health company with offices at 5450 Wissahickon Avenue, Suite 109A, Philadelphia, Pennsylvania, and 46 West Maplewood Mall, Philadelphia, Pennsylvania. DNMA was incorporated on or about April 5, 1999 and had its registered office at 1015 West 8th Street in New Castle, Delaware.

2. Defendant DEBORAH MORRIS and her company, DNMA, provided behavioral and mental health services to troubled children and their families.

**THE MEDICARE PROGRAM**

3. Medicare was a federally funded health insurance program designed to provide medical care to eligible persons, known as “beneficiaries,” who are primarily individuals

who are over the age of 65, blind or disabled. Medicare was administered by the Health Care Financing Administration (“HCFA”) and the Center for Medicare and Medicaid Services (“CMS”), agencies of the United States Department of Health and Human Services.

4. Medicare was a “health care benefit program” as defined by 18 U.S.C. § 24(b).

5. HCFA and CMS contracted with private insurance organizations, known as “carriers” or “intermediaries,” to process and pay claims submitted by health care providers or suppliers for reimbursement by Medicare. The carrier responsible for claims for Medicare beneficiaries located in Pennsylvania was HGSA.

6. Medicare only paid for claims submitted by providers or suppliers who applied to the carrier, and received, a unique identification number, known as a provider identification number (“PIN”).

7. A health care provider or supplier with a valid PIN could submit claims to the carrier for reimbursement and payment by Medicare for services rendered by the provider or supplier to Medicare beneficiaries.

8. The provider or supplier submitted these claims on a form called the HCFA Form 1500. The Form 1500 required a health care provider or supplier to include several items of information, including the provider or supplier’s PIN number, the beneficiary’s name and unique Medicare identification number, and the type of service rendered.

9. The health care provider or supplier was required to identify each particular service rendered to the Medicare beneficiary through a specific numerical code. These codes were contained in the Common Procedure Terminology Manual (the “CPT Manual”).

10. If the carrier approved the claim, the amount of reimbursement to the provider or supplier would be determined based on each specific numerical CPT code.

11. Medicare required that the provider or supplier certify that all of the information on the HCFA 1500 claim form was accurate.

12. Medicare only reimbursed a health care provider or supplier for psychotherapy services rendered by a social worker if that social worker was licensed or certified by the State in which the services were performed.

13. Medicare permitted certain services of non-physician and auxiliary personnel to be billed as “incident to” a physician’s services if, among other things, the services are performed under the direct personal supervision of the physician. Direct personal supervision required that the physician be physically present in the office suite and immediately available.

### **THE SCHEME**

14. From on or about July 10, 1997 to on or about June 14, 2002, defendant

### **DEBORAH MORRIS**

knowingly and willfully executed, or attempted to execute, a scheme or artifice to defraud the Medicare program, and to obtain, by means of false and fraudulent pretenses, representations and promises, money and property owned by, or under the custody or control of the Medicare program by submitting false and fraudulent claims for reimbursement for psychiatric and psychotherapy services allegedly rendered to approximately forty-eight individuals.

### **MANNER AND MEANS**

It was part of the scheme that:

15. Defendant DEBORAH MORRIS fraudulently obtained an individual provider identification number from Medicare.

16. On or about July 10, 1997, defendant DEBORAH MORRIS submitted a Medicare Provider/Supplier Enrollment Application to Medicare in order to obtain become an eligible Medicare provider and receive a Provider Identification Number. The July 10, 1997 application was false and fraudulent in several respects.

a. In this application, defendant DEBORAH MORRIS stated a Social Security account number that she knew was not her number.

b. In this application, defendant DEBORAH MORRIS also represented that she had a clinical social workers license in the Commonwealth of Pennsylvania when, in fact, she was not licensed or certified as a clinical social worker in the Commonwealth of Pennsylvania.

c. In support of her application, defendant DEBORAH MORRIS further submitted a copy of a forged and altered document that purported to be her state license. The certificate number on this license actually belonged to a person known to the grand jury as L.R.

d. In this application, defendant DEBORAH MORRIS also represented that she had graduated from the University of Pennsylvania and had received a doctorate in social work, when in fact, the defendant had never even attended the University of Pennsylvania.

17. Based on the information provided by defendant DEBORAH MORRIS, the Medicare Program assigned Morris an individual PIN of 0951439.

18. Defendant DEBORAH MORRIS then used this individual PIN to submit claims to Medicare.

19. On or about July 2, 2000, defendant DEBORAH MORRIS used her fraudulently obtained individual PIN to apply for and obtain a group PIN for her company, DNMA. A group PIN allowed defendant MORRIS to bill Medicare for services rendered by other providers or suppliers in her group.

20. In connection with this application for a group PIN, defendant DEBORAH MORRIS also submitted an application for Reassignment of Benefits. On this application, MORRIS stated a Social Security account number that she knew was not her number.

21. Based on the information provided by defendant DEBORAH MORRIS, the Medicare program assigned DNMA a group PIN of 043335 and a group suffix of PGT for each member of her group.

22. From on or about January 7, 1998 to on or about April 2, 2002, defendant DEBORAH MORRIS used the fraudulently obtained individual and group Medicare PINs to submit hundreds of claims to Medicare for various psychiatric and psychotherapy services purportedly rendered to approximately 48 individuals.

23. Approximately eighty percent of the claims were for high-level psychotherapy services, procedure codes 90806 and 90808. The CPT Manual defines procedure code 90806 as individual psychotherapy, insight oriented, behavior modifying, and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face to face with

patient. Procedure code 90808 is similarly defined except that it involves 75 to 80 minutes face to face with patient.

24. Based on the claims submitted by defendant DEBORAH MORRIS under the fraudulently obtained individual and group PINs, the Medicare program paid defendant MORRIS and her company, DNMA, approximately \$278,507.

25. On or about October 3, 2000, defendant DEBORAH MORRIS submitted a Medicare Provider/Supplier Enrollment Application to Medicare to add Dr. K.W., an individual known to the grand jury, to the DNMA group PIN without Dr. K.W.'s knowledge or authorization.

26. Defendant DEBORAH MORRIS forged the signature of Dr. K.W. on this application.

27. On or about January 29, 2001, defendant DEBORAH MORRIS completed a Medicare Participating Physician or Supplier Agreement in connection with her application to add Dr. K.W. to the group PIN. Defendant MORRIS forged the signature of Dr. K.W. on this agreement, and submitted the agreement to Medicare without Dr. K.W.'s knowledge or authorization.

28. Based on the information provided by defendant DEBORAH MORRIS, the Medicare program assigned Dr. K.W. an individual PIN of 476780PGT.

29. On or about March 12, 2001 and on or about April 2, 2001, defendant DEBORAH MORRIS used this fraudulently obtained Medicare PIN for Dr. K.W. to submit numerous claims to Medicare for high-level psychotherapy services purportedly rendered by Dr. K.W. when, in fact, defendant MORRIS knew that no such services were rendered or supervised by Dr. K.W.

30. Based on the claims submitted by defendant DEBORAH MORRIS under Dr. K.W.'s PIN, the Medicare program paid defendant MORRIS and her company, DNMA, approximately \$2,084.45.

31. In or about October 2000, defendant DEBORAH MORRIS submitted applications to obtain Medicare provider numbers for R.F. and M.W., two individuals known to the grand jury, to add them to the DNMA group provider number. Neither R.F. nor M.W. knew that defendant MORRIS submitted these applications.

32. On or about January 5, 2001, Medicare notified defendant DEBORAH MORRIS that neither R.F. nor M.W. possessed a license in Pennsylvania, and therefore could not be considered eligible providers. Defendant MORRIS told Medicare that she wanted to bill the services of R.F. and M.W. under the provision which authorized payment for services "incident to" a physician's services.

33. Defendant DEBORAH MORRIS obtained, and caused others to obtain, the personal information, including DOB, SSN, and Medicare numbers, of approximately forty-eight individuals (i) through her previous employment at Parkview Hospital, (ii) through her previous relationship with Community Behavioral Health, and (iii) by visiting or causing others to visit neighborhood social service centers, nursing homes, and group homes for the elderly, blind, and disabled.

34. Defendant DEBORAH MORRIS then used this identifier information to submit false and fraudulent claims to Medicare for psychiatric and psychotherapy services allegedly rendered to these forty-eight individuals.

35. These claims were false and fraudulent in that defendant DEBORAH MORRIS represented that (i) the purported services were rendered by an eligible Medicare

provider when, in fact, she knew she was not licensed or certified as a clinical social worker in the Commonwealth of Pennsylvania; (ii) the services supposedly rendered were high-level psychiatric and psychotherapy services, when, in fact, she knew no such services were provided; (iii) in some cases, the purported services were rendered to Medicare beneficiaries, when, in fact, she knowingly submitted claims for children who were not enrolled in the Medicare program; and (iv) in some other cases, the services were supposedly rendered on certain dates, when, in fact, these dates were after the Medicare beneficiary had died.

36. Through this scheme to defraud, defendant DEBORAH MORRIS caused a loss to Medicare of over approximately \$278,507.

37. On or about February 28, 2002, CMS notified defendant DEBORAH MORRIS that the number on the clinical social worker license she submitted in connection with her July 10, 1997 Medicare Provider/Supplier Enrollment application belonged to another social worker, and that, therefore, it was deactivating her individual and group PINs.

38. On or about April 22, 2002, defendant DEBORAH MORRIS wrote to CMS stating that she disagreed with the determination to revoke her individual and group PINs and requesting a telephonic appeal.

39. On or about June 14, 2002, at the resulting telephonic Medicare enrollment hearing, defendant DEBORAH MORRIS admitted that she had not performed the psychiatric and psychotherapy services for which she had billed. Instead, defendant MORRIS falsely claimed that these services were performed by licensed psychologists in her group, when, in fact, the licensed psychologists in her group treated only children, and not Medicare beneficiaries.



40. On or about each of the dates listed below (each date constituting a separate count of this indictment), in Philadelphia, in the Eastern District of Pennsylvania, and elsewhere, defendant

**DEBORAH MORRIS**

knowingly and willfully executed a scheme and artifice to defraud a health care benefit program, that is, the Medicare program, and to obtain money and property owned by and under the custody and control of that health care benefit program, by means of false and fraudulent pretenses, representations, and promises, in connection with the delivery of and payment for health care benefits, items and services, by submitting and causing to be submitted a fraudulent health care insurance claim for psychiatric and psychotherapy services purportedly provided to each of the individuals listed below in the approximate amounts listed below, when defendant knew that the listed individuals did not receive any psychotherapy services from a licensed clinical social worker, any other licensed medical professional, and any eligible Medicare provider:

COUNT	DATE OF CLAIM	MEDICARE BENEFICIARY	CLAIM NUMBER	APPROXIMATE AMOUNT BILLED
1	February 6, 2001	D.J.2.	1101037754540	\$1,622.79
2	February 6, 2001	G.J.	1101037754550	\$1,622.79
3	February 6, 2001	F.S.	1101037754560	\$1,622.79
4	February 6, 2001	S.W.	1101037754610	\$1,117.57
5	February 16, 2001	H.G.	1101037754690	\$1,622.79
6	March 26, 2001	M.I.	1801085061180	\$1,142.60
7	May 1, 2001	C.G.	1801121222570	\$832.51
8	May 1, 2001	D.P.	1801121222680	\$713.58
9	May 15, 2001	E.D.	1801135207660	\$832.51

10	May 30, 2001	E.B.	1801150212430	\$1,306.56
11	July 4, 2001	A.B.	1100185809350	\$8,779.82
12	August 6, 2001	H.W.	1101218899860	\$1,308.23
13	August 25, 2001	W.W.	1801239089310	\$1,427.16
14	August 27, 2001	M.J.	1801239089260	\$1,427.16
15	August 27, 2001	P.K.	1801239089240	\$1,427.16
16	August 27, 2001	M.M.	1801239089180	\$1,427.16
17	August 27, 2001	G.P.	1801239089270	\$1,427.16
18	August 27, 2001	S.T.	1801239089120	\$1,427.16
19	November 6, 2001	T.S.	1101310848850	\$1,427.16
20	December 17, 2001	F.C.	1801351059760	\$1,189.30
21	December 17, 2001	M.S.	1801351059680	\$832.51
22	December 17, 2001	M.A.	1801351059710	\$1,189.30
23	January 29, 2002	S.M.	1102029856570	\$1,425.52
24	February 4, 2002	D.J.	1102035847180	\$475.72
25	February 11, 2002	E.A.	1102042870030	\$356.79
26	February 11, 2002	A.J.	1102042870040	\$832.51
27	February 18, 2002	M.P.	1102049851690	\$475.72

All in violation of Title 18, United States Code, Section 1347.

**COUNTS TWENTY-EIGHT THROUGH THIRTY-FOUR**

**THE GRAND JURY FURTHER CHARGES THAT:**

1. Paragraphs 1-39 of Counts One through Twenty-Seven are incorporated here.

2. On or about each of the dates listed below (each date constituting a separate count of this indictment), in Philadelphia, in the Eastern District of Pennsylvania, and elsewhere, defendant

**DEBORAH MORRIS**

knowingly and willfully executed a scheme and artifice to defraud a health care benefit program, that is, the Medicare program, and to obtain money and property owned by and under the custody and control of that health care benefit program, by means of false and fraudulent pretenses, representations, and promises, in connection with the delivery of and payment for health care benefits, items and services, by submitting and causing to be submitted a fraudulent health care insurance claim for psychiatric and psychotherapy services purportedly provided to each of the beneficiaries listed below, when defendant knew that Dr. K.W. did not provide or directly and personally supervise such services:

<b>COUNT</b>	<b>DATE OF CLAIM</b>	<b>MEDICARE BENEFICIARY</b>	<b>CLAIM NUMBER</b>	<b>APPROXIMATE AMOUNT BILLED</b>
28	March 12, 2001	D.P.	1801071021510	\$342.78
29	March 12, 2001	C.G.	1801071021440	\$228.52
30	March 12, 2001	S.T.	1801071021450	\$228.52
31	March 12, 2001	J.T.	1801071021460	\$1,371.22
32	March 12, 2001	M.P.	1801071021490	\$228.52

33	March 12, 2001	F.C.	1801071021520	\$768.38
34	April 2, 2001	J.T.	1801092104180	\$951.44

All in violation of Title 18, United States Code, Section 1347.

**COUNTS THIRTY-FIVE THROUGH FORTY-EIGHT**

**THE GRAND JURY FURTHER CHARGES THAT:**

1. Paragraphs 1-39 of Counts One through Twenty-Seven are incorporated here.

2. From in or about July 10, 1997 through on or about June 14, 2002, in Philadelphia, in the Eastern District of Pennsylvania and elsewhere, defendant

**DEBORAH MORRIS**

devised and intended to devise a scheme or artifice to defraud Medicare, and to obtain money and property by means of false fraudulent pretenses, representations and promises.

3. It was part of the scheme that, as explained in paragraphs 14 to 39 of Counts One through Twenty-Seven above, defendant **DEBORAH MORRIS** fraudulently obtained individual and group PINs from Medicare, and then used these provider numbers to submit claims to Medicare for psychiatric and psychotherapy services that were never rendered.

4. On or about the dates listed below (each date constituting a separate count of this indictment), in Philadelphia, in the Eastern District of Pennsylvania, and elsewhere, defendant

**DEBORAH MORRIS,**

for the purpose of executing the scheme or artifice described above, and aiding and abetting its execution, and attempting to do so, knowingly caused to be delivered by United States mail, according to the directions thereon, checks from the Medicare carrier in payment of defendant MORRIS' false and fraudulent claims.

<b>COUNT</b>	<b>APPROXIMATE DATE OF MAILING OF CHECK</b>	<b>AMOUNT OF CHECK</b>	<b>MEDICARE BENEFICIARY(S)</b>
35	November 7, 2000	\$6,165.42	E.D. D.J.
36	November 9, 2000	\$2,892.36	D.P.
37	November 13, 2000	\$3,037.02	S.W.
38	November 14, 2000	\$3,153.78	P.K. M.P.
39	November 24, 2000	\$2,708.60	D.P.
40	November 28, 2000	\$3,379.80	E.D.
41	November 29, 2000	\$1,313.99	D.J.
42	December 18, 2000	\$2,240.94	F.C. M.P. S.W.
43	December 26, 2000	\$3,322.67	E.D. C.G. D.J.
44	January 2, 2001	\$7,950.20	E.D. A.J. D.J. P.K. M.M. M.P. J.T. S.W.
45	January 22, 2001	\$9,149.93	E.A. F.C. E.D. H.G. C.G. D.J. M.P. J.T. S.W.

46	February 19, 2001	\$6,915.61	E.A. F.C. E.D. H.G. C.G. D.J.2. M.P. D.P. J.T.
47	February 20, 2001	\$829.45	M.S. S.W.
48	March 6, 2001	\$2,045.29	E.A. D.P. M.S.

All in violation of Title 18, United States Code, Sections 1341 and 2.

**COUNT FORTY-NINE**

**THE GRAND JURY FURTHER CHARGES THAT:**

1. Paragraphs 1-39 of Counts One through Twenty-Seven are incorporated here.

2. On or about June 14, 2002, in Philadelphia, in the Eastern District of Pennsylvania, and elsewhere, defendant

**DEBORAH MORRIS,**

in a matter involving the Medicare program, a health care benefit program, knowingly and willfully made materially false, fictitious, and fraudulent statements and representations, in connection with the delivery of and payment for health care benefits, items, and services, in that, during a Medicare Enrollment Hearing, defendant MORRIS falsely stated that the psychiatric and psychotherapy services she billed were performed by licensed psychologists in her group, when, as defendant knew, none of the individuals she mentioned provided any services to Medicare beneficiaries.

In violation of Title 18, United States Code, Section 1035.

**A TRUE BILL:**

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**GRAND JURY FOREPERSON**

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**PATRICK L. MEEHAN**  
**UNITED STATES ATTORNEY**